SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR SIGN BANHED COUNTY, WISCONSIN APR 2 8 2016

Bayfield Co. Zoning Dept.

Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION	UNTIL ALL PERMITS HAVE BEEN ISSUED	TO APPLICANT

Property Owner(s) N	lame:		Mailing Addres	is:	City/s	itate/Zip:	•	Phone: 71	2
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TOWN	0	f BELL	· NO DON	203		MCOPIA	111 278	Phone:	1
Sign Owner(s) Name	:		Mailing Addres		City/.	state/zip.		((()	4
5AW			City/State/Zip						
Address of Property	: < : 4	LIWIT BY	PKWY COM	4	ルルエ	548	27		
Contractor:	- 6		Contractor Pho		dress:				
5-14									
Authorized Agent: (Person S	igning Application on behalf of Ov	vner(s)) Agent Phone:	Ag	ent Mailing Ad	dress (include City	/State/Zip):	Written Au Attached	
				l			. =::::::::::::::::::::::::::::::::::::	☐ Yes ☐	140
			PIN: (23 digits)				Recorded Docu	ment: (i.e. Proper	ty Ownership)
PROJECT	Leg	al Description: (Use Tax Sta		-51-06	-34-1 03	5-002-10000	Volume 20	S Page(s)	11/11/2
LOCATION	1	Gov't Lot	Lot(s) CSM	Vol & Page	Lot(s)	Block(s) No.	Subdivision:		
	N_{χ}	1/4/			No.				
	50			Town of:	<u> </u>		Lot Size	Acreage	1-17
Section	57_	, Township <u>5/</u> N, Rai	nge <u>06</u> w	L	BELL				11/4
a - Wasting a commit	T-rv	s Property/Land within 300	feet of River Stream (Incl.	Intermittent)	Distance Str	acture is from Sh	oreline :	Is Property in	Are
	Cre	ek or Landward side of Flo	odplain? If yes—con	tinue 🛶	give dusinan	101'		oodplain Zone?	Wetlands Present?
Shoreland —	>				Distance Str	ucture is from Sh	oreline :	Yes	Yes
		s Property/Land within 100	10 feet of Lake, Pond or Flo If yescon	wage tinue —>			feet	□ No	No
☐ Non-Shoreland									
V-1	T								Located in
Value at Time	1	Project		 	Туре	Length	Width	Height	Town of
i of Lompletion		(What are you applying for)							Bayfield
of Completion * include donated time	1					106"	56"	10'	Yes
* include donated time & material		On-Premise	√ New	□ 1-9	iaea	1 /0 6	1 0 0	, ,	
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snow the sign location Detailed Plot Plan is Neccessary 3. Show dimensions in feet on the following: Lot Line ← Lot Lot → See Attachness Line Line Name Frontage Road (#16/400 A / Setbacks: (measured to the closest point) Description Measurement Measurement Description Feet Setback from the Centerline of Platted Road Feet Setback from the North Lot Line Feet Setback from the Established Right-of-Way Feet Setback from the South Lot Line Feet Setback from the West Lot Line Feet Setback from the East Lot Line 101 Feet Setback from Lake, River, Stream or Pond Feet Setback from Other Sign(s) Sign Plan (Fill in Information Desired on Sign) WISCONSIN LAKE SHERIOR SCENIC BYWAY MAP OF BYWAY NATTONAL PARK-APOSTIE ISLANDS - MAP & PICTURES MAR OF TOWN OF BELL Permit Date: 5-12-16 Permit Number: Issuance Information (County Use Only) 16.0088 Permit Denied (Date): Reason for Denial: Previously Granted by Variance (B.O.A.) Granted by Variance (B.O.A.) ☐Yes V No ☐ No Were Property Lines Represented by Owner ☐ Yes Was Parcel Legally Created ☐Yes ☐ No Was Property Surveyed ☐ No Was Proposed Building Site Delineated ☐ Yes _ ☐ Yes v No Zoning District Inspection Record: < Lakes Classification(トンル Nautod Date of Re-Inspection: Date of Inspection: 2 Condition(s): Town, Committee or Board Conditions Attached? | Lives | No - (If No they need to be atta Signature of Inspector;

IMPORTANT

and use frontage road as a guideline, and indicate North (N) on plot plan

®® Feb 2013

3ayfield County, WI

own of Bell Marina



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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 ATE الح الم BAYFIELD COUNTY WISCONSIN

Date Stamp (Receive) Date Stamp (Recei APPLICATION FOR PERMIT グュシス Bayfield Co. Zoning Dept. MAY 09 2016 そろだと S Telman Refund: mount Paid: 安 6 いない けるだ

Sontractor:

Solve be to 4

Authorized Agent: (P TYPE OF PERMIT REQUESTED→ 74. Proposed Existing Structure: (If permit being applied for is relevant to it) ☐ Shoreland Address of Property: of Completion donated time & Value at Time フかえろふ Mon-Shoreland アンダウダ PROJECT LOCATION こった Municipal Use Commercial Use Residential Use Proposed Use 1008 Section Construction: (Per (T) ☐ Run a Business \ Addition/Alteration \square Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent)

Creek or Landward side of Floodplain *** | If yes--continue --> Legal Description: Property New Construction , Township アング Project 1/4 ۷, Other: (explain) Conditional Use: (explain) Special Use: (explain) Residence (i.e. cabin, hunting shack, etc. 0 Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration (specify) Wobile Home (manufactured date) **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) Principal Structure (first structure on property) 20 2 (Use Tax Statement) LAND USE チャス N, Range ¥ 1-Story with a Porch with (2nd) Porch and/or basement with Attached Garage with (2nd) Deck with a Deck 2-Story Foundation No Basement Basement 1-Story + Loft # of Stories Lot(s) SANITARY 017-616 CORTU PIN: (23 digits)
04-076 - \$1006
000 - \$1006
CSM | Vol & Page | Lot(s) No. | Block ٤ Agent Phone: City/State/Zip: S U TARY ☐ PRIVY
Mailing Address: Proposed Structure Length: × 308 Seasonal Year Round continue 3057 Dell Dimor Use Agent Mailing Address (include Cit 00 ☐ CONDITIONAL USE | City/State/Zip: TRAN ◑ Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms None w N ç # 6 COANACC IJ Width: Width: W. Sanitary (Exists) S Privy (Pit) or Municipal/City (New) Sanitary Block(s) No. Portable (w/service contract) Compost Toilet 5483 ☐ SPECIAL USE 0 Sewer/Sanitary System ity/state/zip: Is on the property? 1111 What Type of Volume_ Lot Size Subdivision Recorded Doc でるか feet 54827 Specify Type: 1600 0 Dimensions Is Property in Floodplain Zone? $\times | \times$ × >< × × >< \times × $|\mathbf{x}|\mathbf{x}|\mathbf{x}|\mathbf{x}|$ B.O.A. Height: Height: Written Authorization 715 Δ. □ OTHER
Telephone: Cell Phone: Plumber Phone: ハイ・オフェーラ かどな Acreage e. Property Ow SOF 종 Are Wetlands Present? 2 Footage ナントの Square دو Water 1 Well City

Authorized Agent: Address to send permit many 85305 ng on behalf of the o B Hour O ner(s) a letter Corra accompany this application) copanint Attach

Copy of Tax Statement

recently purchased the property send your Recorded Deed Date owner(s):

Z P

M. The Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If there

are

FAILURE TO OBTAIN A PERMIT OLSTRUNG CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we] declare that this application (including any accompanying information) has been examined by me [us] and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property of any reasonable time for the purpose of inspection.

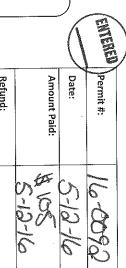
SLÉSMIT: <u>COMPLETED</u> APPLICATION, TAX STÂTEMENT AND FEE TO: Bayfield County

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zonimo Dant



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Compared Plane Comp	Conference Con					Municipal Use				Commercial Use				✓ Residential Use		Proposed Use	Proposed Construction:	Existing Structure: (If po	 Pro	Re	28 C C C C C C C C C	Ad	Inacettal ZoNe	Value at Time of Completion * include donated time &	Non-Shoreland	□ Sitoleialiw — □ Is		Section 3	1 115		Authorized Agent: (Person Sig	Contractor:	ess of Prope	シュナエ
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If you recently purchased the property send your Recorded Deed

Owner(s) HALLA

isted on the Deed

 $oldsymbol{\mathrm{pr}}$ s must sign $oldsymbol{\mathrm{or}}$ letter(s) of authorization must accompany this application)

Date

Authorized Agent:

S V E

r(s) a letter of authorization

must accompany this application)

Address to send permit

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CESSORY BUILDING SETBACK 2 SEPTIC COVERS SEPTIC COVERS SEPTIC VENT WELL W	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Setback from the Its Setback from the Reptic Tank (ST). Drain Elevation of Floodp Setback to Well Setback from Wetla 20% Slope Area on Elevation of Floodp Stope Area on Elevation Attached Mitigation Attached Mitigation Attached Previously Gramted by Yes Max. Were Property Lines	Frontag Field (D Pond
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BPRIVY SHED I SHED I C. TRANSFOR Description Description Description Description Description Description The River, Stream, E Bank or Bluff Con property on property	olding 1
TAN TAN TAN SHED II SHED II HOUSE TA TRANSFORMER METER Description Descrip	Tank (HT
	and/o
Affidavit Required Affidavit Attached Affidavit Attached Soning District Zoning District Zoning District	r (*) Pri v
	ν (P)
58'26" E O CONTINEWAY Previously surveyed corner to the structure, or must be visible for the structure, or must be carried by the structure.	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT MAR 11 2016

Date: Permit #: Amount Paid: 16-00-916 513-16

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

HOW DO I FILL OUT THIS APPLICATION (visit our www.bayfieldcounty.org/zoning/asp)

Refund:

Bayfield Co. Zoning Dept.

ONOT START CONSTRUCTION UNIT ALL PERMITS PRAVE DEEM 135 NO OWNer's Name: Commer's Name: Land Courty Land USE December 135 Nowner's Name: Land Courty	E LAND(SANIT Lott(s) Lott(s) Lott(s) Control of Lake		ONDITI CONDITI CONDITI CONDITI CONDITI CONDITI CONDITI CONDITION C	ip: ip: ip: ip: ip: ip: ip: ip:	SPECIAL USE B.O. The USE B.O. A City/State/Zip): Recorded Documen Volume Volume Lot Size Lot Size Brown Shoreline: feet feet feet Sewer/Sanitary Syste Is on the property? Cipal/City Sanitary Specify Type: ary (Exists) Specify Type: ary (Exists) Specify Type: ary (Exists) Specify Type: ary (Exists) Specify Type: A	PECIAL USE B.O.A. Collephon Ity/State/Zip): Plumber Recorded Document: (i.e. Prop Volume Page Lot Size Acrea Lot Size Acrea Shoreline: Is Property in Feet Floodplain Zone? Shoreline: Is Property in Sewer/Sanitary System Is on the property? pal/City pal/City pal/City pal/City y (Exists) Specify Type: y (Exists) Specify Type: y (Exists) Specify Type: y (Exists) Specify Type:	
4000		+ Loft mt sment		1 1 1 1 1 1 1	<i>8</i> 7	cists) Spec or Val /service co	cify Type: cify Type: ulted (min 200 gallon) ontract)	
Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:	being applied for is relev		Length:		Width:		Height:	3
Proposed Use		Proposed Structu Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure ture on property) shack, etc.)				Dimensions X X	Square Footage
Residential Use	with with with with with	with Loft with a Porch with (2 nd) Porch with a Deck					$\times \times \times \times \times \times$	
Commercial Use MAY 18 2011		with (2") Deck with Attached Garage bunkhouse w/ (□ sanitary, or □ sleeping quarters, Mobile Home (manufactured date)	Ge Reeping quarters,	or \square	cooking & food prep facilities)	25)		
Secretarial Staff		Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	eration (specify				<	
		j)	Conditional Use: (explain) Trail head (1	the state of the s			5 × 75)))

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): (If there ar

are Multiple Owners listed on

the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

must accompany this application)

Address to send permit

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

10/5

6

Feet

Feet

Feet

Feet Feet

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees: